



Town of Natick

Time Off Request

Employee Name: _____ Date: _____

Department: _____ Employee ID #: _____

Please provide a 7 day advanced notice for any vacation time. Also, 24 hour notice whenever possible for personal time.

Leave	Please check which leave applies	Date (s)	Total Time Off (In hours)
Sick			
Vacation			
Personal			
Other			

If you have checked other, please explain why you took the time off: _____

Employee Signature: _____

Department Head Signature: _____

Director of Human Resources: _____

Return this request off to the Human Resources Department